

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069544

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** DO STRATEGY CONSULTING LLC

**Current Principal Place of Business:**

15992 DOUBLE EAGLE TRL  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

15992 DOUBLE EAGLE TRL  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

15992 DOUBLE EAGLE TRL  
DELRAY BEACH, FL 33446

**New Mailing Address:**

15992 DOUBLE EAGLE TRL  
DELRAY BEACH, FL 33446 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSIECKI, DAVID  
15992 DOUBLE EAGLE TRL  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSIECKI, DAVID  
Address: 15992 DOUBLE EAGLE TRL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM  
Name: OSIECKI, MARY ELLEN  
Address: 15992 DOUBLE EAGLE TRL  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID A. OSIECKI

MGMR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date